

# TRANSMITTAL FORM

JC474 U.S. PTO  
09/683070  
11/15/01

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: HUM221USPT01

## **TREATMENT OF MENORRHAGIA, HYPERMENORRHEA, DYSMENORRHEA AND MENSTRUAL MIGRAINES BY THE ADMINISTRATION OF AN ANTIBACTERIAL MILK PRODUCT**

First Named Inventor: Dale Henn

### **SUBMITTED BY**

Name:

Michael S. Sherrill

Registration Number:

32,302

Electronic Signature Mark: /Michael  
Sherrill/

Date Signed: 20011115

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

Attached Files:

bibd-transmittal  
specification  
declaration  
declaration  
declaration  
fee-transmittal

HUM221USPT01apds.xml  
011114 Patent Application.xml  
Declaration page 1.tif  
Declaration page 2.tif  
Declaration page 3.tif  
HUM221USPT01fee.xml

**Attached Image File(s):**

Declaration page 1.tif  
Declaration page 2.tif  
Declaration page 3.tif

011114 Patent Application.xml

Comments:

Small Entity Status Applicant claims small entity status. See 37 C.F.R. 1.27.

RECEIVED

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 412**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 192020  
Deposit Account Name: Sherrill Law Offices



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

## SUBMITTED BY

Authorized Name: Michael S. Sherrill  
Electronic Signature Mark: /Michael Sherrill/  
Date Signed: 20011115

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 4	202	\$ 42	1	\$ 42

Subtotal For Extra Claims Fees: \$ 42